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*OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 40. REGISTERED ELECTROLOGISTS

INDEX

Section
435:40-1-1. Purpose
435:40-1-2. Definitions
435:40-1-3. Advisory committee
435:40-1-4. Standards of practice; code of ethics
435:40-1-4.1. Infection control standards
435:40-1-5. Academic requirements for examination and licensure
435:40-1-6. Curriculum of study and internship requirements
435:40-1-7. Application procedures
435:40-1-8. Examination for electrology license
435:40-1-9. License renewal and replacement
435:40-1-10. Disciplinary hearings
435:40-1-11. Fees
435:40-1-12. Investigation and inspection
435:40-1-13. Amendments

[**Authority:** Title 59 O.S., Sections 536.24]
[**Source:** Codified 12-30-91]

*This is an unofficial copy of Chapter 40 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

435:40-1-1. Purpose

The rules of this Chapter have been adopted to establish procedures for examinations and licensure as a registered electrologist and the regulation of practice.

435:40-1-2. Definitions

The following words and terms, when used in this Chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Act" means the Registered Electrologist Act, 59 O.S. 1985, Section 536 et. seq.

"Association" or **"OSEA"** means the Oklahoma State Electrologists' Association.

"Board" means the Oklahoma State Board of Medical Licensure and Supervision.

"Committee" means the Advisory Committee of Registered Electrologists.

[**Source:** Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-3. Advisory committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures governing the operation of the advisory committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting at such designated date and time as may be determined by the chairman.

(2) Special meetings may be called by the chairman at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is two (2) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare his/her lack of impartiality to the advisory committee for the record and shall not participate in any advisory committee proceedings involving that individual.

(f) **Attendance.** The policy of the advisory committee is that members will attend regular and committee meetings as scheduled.

(g) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by these rules.

(h) **Agendas.** The chairman shall prepare and submit to each member of the advisory committee

prior to each meeting an agenda which includes items requested by the Board or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee member.

(i) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review. At each meeting minutes of the pervious meeting shall be approved or corrected.

(2) The official minutes of advisory committee meetings shall be kept in the office of the Board and shall be available to any person desiring to examine them during regular office hours of the Board.

(j) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information and examinations shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the fees established by the Board. Payment shall be made prior to release of the records and may be made by personal check.

(k) **Elections.**

(1) At the first meeting of each fiscal year, the advisory committee shall elect by a majority vote of those members present, a chairman and vice-chairman.

(2) A vacancy which occurs in the office of chairman and vice-chairman may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(3) Absence from three regular meetings, without an acceptable reason, constitutes self-removal from the committee.

(l) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairman may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairman.

(3) The chairman of the advisory committee may appoint non- advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

(4) Sub-committee chairman shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.

(5) Committees and sub-committees shall direct all reports or other materials to the chairman for distribution.

(6) Sub-committees shall meet when called by the chairman of the sub-committee or when directed by the advisory committee.

[**Source:** Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-4. Standards of practice; code of ethics

The rules on the profession of electrologists shall be to establish standards of practice and code of ethics for electrologists.

(1) A licensee shall not misrepresent any professional qualifications or credentials.

(2) A licensee shall not make any false or misleading claims about the efficacy of any services or methods of treatment.

(3) A licensee shall not promote or endorse products and/or services through the press, circulation of advertising matter, radio, television, display signs or otherwise in a manner that is false or misleading or which is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

(4) A licensee shall maintain knowledge and skills required for continuing professional competence.

(5) A licensee shall not abuse alcohol or drugs in any manner which detrimentally affects the provision of electrolysis services.

(6) A licensee shall keep his/her Board file updated by notifying the Board of changes in preferred mailing address and practice address.

(7) A licensee shall make known to a prospective client the important aspects of the professional relationship including fees and arrangement for payment which might affect the client's decision to enter into the relationship.

(8) A licensee shall not receive or give a commission or rebate or any other form of remuneration for the referral of clients for professional services.

(9) A licensee shall not violate any provision of any federal or state statute relating to confidentiality of client communication and/or records.

(10) A licensee shall give the highest quality professional service of which he or she is capable at all times.

(11) A licensee shall use only medically approved equipment and techniques for epilation. Electrosurgical apparatuses shall be defined as needle type epilators that accomplish permanent hair removal, or any other devices that may be developed as proven to accomplish permanent hair removal.

(12) A licensee shall maintain high standards of personal conduct, honesty, integrity and dedication to service.

(13) No guaranty or warranty or anything beyond the professional competence of a licensee shall be offered a patient.

(14) All epilation devices or equipment must be approved by the Federal Communications Commission (F.C.C.) and bear the F.C.C. number assigned thereto.

(15) A licensee's office, including instruments and equipment contained therein, shall at all times be kept clean and free from any condition or surroundings that will make or tend to make the office unsanitary or unhygienic.

(16) A licensee shall conduct himself or herself as a medical ancillary in the allied health profession.

(17) A licensee shall not aid or abet, directly or indirectly, the practice of electrology by any person not duly authorized under the laws of Oklahoma.

[**Source:** Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-4.1. Infection control standards

(a) **Purpose.** These standards have been developed for electrology students, licensed practicing electrologists, and approved electrology instructors in Oklahoma. These standards emphasize the need to consider all patient/clients as potentially infectious, minimize the risk of exposure to blood or body fluids, reduce the risk of transmitting infection or disease from patient/client to patient/client, practitioner to patient/client, and patient/client to practitioner.

(b) **Description.** Electrology is a superficially invasive procedure, which does not generate splashes or sprays of blood and body fluids. It is NOT necessary to wear masks, eye protection, a face shield, or gowns while practicing electrolysis. Electrolysis needles can become contaminated with blood, serum, or other material because of the insertion of the needles into the hair follicle and skin. All needles must be either single-use, pre-sterilized, disposable needles OR be properly sterilized in an autoclave or dry heat sterilizer according to the standards that follow. Any critical instrument re-used between patient/clients must be sterilized and monitored, for effectiveness, according to these standards. Each instrument or piece of equipment must be properly disposed of, disinfected, or sterilized depending on its use and contamination. Cleaning of surfaces, instruments, and equipment must precede appropriate disinfection or sterilization. During the treatment, a new pair of non-sterile, medical grade, disposable exam gloves must be worn by the electrologist to reduce the risk of transmitting disease or infection between the practitioner and the patient/client.

(c) **Blood-borne pathogens.**

(1) The three blood-borne pathogens of great concern to healthcare workers who could be at risk to blood and body fluids containing visible blood are Hepatitis B virus (HBV), Hepatitis C virus (HCV), and HIV/AIDS.

(2) HIV/AIDS is a threat to healthcare workers, but not as much as Hepatitis B.

(3) Practitioners and electrology students should be vaccinated against HBV.

(4) Risks among health care professionals vary during the training and working career, but are often highest during the training period. For this reason, vaccination should begin before starting training and be completed during training. If the student refuses to be vaccinated, they must sign a waiver before beginning training.

(5) The immunization regimen consists of three doses of vaccine. The first dose is provided initially, followed at one month and six months.

(6) Students and non-immunized practicing electrologists should contact their personal physician or the City/County Health Department for appropriate immunization against hepatitis B.

(d) **Standards for hand washing.** Hand washing is one of the most important procedures for preventing the transmission of infections. Hand washing accomplishes a physical removal of microorganisms and a chemical inactivation of residual microorganisms on the surface of the skin. Fingers are thought to be the most important part of the hand in terms of the transfer and spread of pathogenic micro flora. Hand washing products can become contaminated or support the growth of microorganisms. Liquid products should be stored in closed containers and dispensed from either disposable containers or containers that are washed and dried thoroughly before refilling.

(1) A sink with hot and cold running water is located in each treatment room

(2) Hands are cleansed with use of plain liquid soap and water or degermed by hand sanitizers using 60% - 70% alcohol-based hand rubs (if hands are not visibly soiled):

(A) Before and after treatment of each patient/client

(B) Before donning gloves and immediately after gloves are removed

(3) Hands are thoroughly washed with liquid soap and water:

(A) When visibly soiled

(B) Immediately if accidental bare-handed contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated equipment occurs.

(4) Hand washing technique with liquid soap and water includes:

(A) Use of plain soap and water

(B) A vigorous rubbing together of all surfaces of lathered hands, especially between fingers and fingernail areas, for 15 to 30 seconds

(C) A thorough rinsing under a stream of water

(D) Hands are dried thoroughly with a clean disposable paper towel

(E) Faucets are turned off with the paper towel

(F) Paper towel is disposed of in the appropriate covered receptacle in the treatment room

(5) Hand washing technique using 60% to 70% alcohol-based antiseptic hand rubs includes:

(A) Apply product label-recommended amount of alcohol gel or rinse to the palm of one hand

(B) Vigorously rub hands together covering all surfaces of hands, especially between fingers and fingernail areas, between 15 to 25 seconds until the alcohol dries.

(e) **Standards for use of gloves.**

(1) Each patient/client must be treated with fresh unused gloves. Determine patient/client allergies before wearing latex gloves. Several conditions have been connected to latex sensitivity, including such allergic reactions as asthma, eczema, hay fever, allergies to cosmetic powders or foods, and frequency or duration of glove use/exposure. Non-sterile gloves are appropriate for electrology procedures and should be worn when hands are likely to become contaminated with potentially infective material such as blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes.

(2) The consistent wearing of gloves will decrease the risk of potential exposure. Wearing gloves will also protect the patient/client from potential exposure to the microbial flora of the electrologist, including blood-borne organisms should there be cuts, scrapes, or micro-lesions on the electrologist's hands. When gloves are worn, hand washing is recommended after removal because gloves may become perforated during use and bacteria can multiply rapidly on gloved hands. Gloves that are torn or knowingly perforated during a treatment should be removed immediately and hands washed before donning fresh gloves.

(3) Wearing latex powder-free, reduced protein content gloves will reduce the risk of a latex allergy. When wearing latex gloves, do not use oil-based hand creams or lotions, which causes glove deterioration, unless they have been shown to reduce latex-related problems and maintain glove barrier protection. If the electrologist or patient/client is allergic to latex, there are other non-latex glove materials available such as vinyl.

(4) Washing gloves while treating the same patient/client is not recommended. This can cause "wicking", the enhanced penetration of liquids through microscopic holes in the

gloves. Deterioration of the glove material can also occur with the use of disinfecting agents or oils. Wearing gloves will not guarantee protection as gloves may have micro tears.

(5) Use a fresh pair of non-sterile, medical grade, disposable exam gloves during the treatment of each patient/client. Gloves are disposed of in an appropriate receptacle in the treatment room.

(6) Wash hands in accordance with the above hand washing standards before putting on gloves and immediately after gloves are removed.

(f) **Standards for patient/client health history.** A complete past and current health history is obtained from each patient/client before treatment. The general health status of the patient/client may be a factor in susceptibility to infection and normal healing. It will also have an affect on the outcome of the treatment plan due to any hormonal disorders or disease states. Professional interpretations require careful observation and good judgment. The patient/client's health status should be updated and evaluated on an on-going basis and referred to an appropriate physician as indicated.

(g) **Standards for patient/client skin preparation.**

(1) Treatment should be delayed if actual or potential signs or symptoms of infection are present. The practitioner should refer to the appropriate physician when the health history or skin assessment indicates

(2) Before treatment, the treatment area should be thoroughly cleansed to remove makeup or grime if present and reduce the bacterial count on the skin.

(3) Wipe the treatment area with an antiseptic skin preparation.

(4) After treatment, the treatment area should be wiped with an appropriate product, taking into consideration the patient/client's skin type and any skin allergies.

(5) Patient/clients are instructed on appropriate post-treatment care to promote healing.

(h) **Standards for cleaning and sterilization of instruments/items.**

(1) Coordinating the cleaning, sterilization, and disinfection of instruments/items to maintain asepsis technique is required. Precautions should be taken to avoid puncture injuries from instruments.

(2) All instruments that will penetrate tissue should be either pre-sterilized disposable or thoroughly cleaned and then sterilized before reuse to reduce the risk of transmission of infection and disease.

(3) The endodontic dry heat sterilizer (glass bead sterilizer) is no longer cleared to market by the Food and Drug Administration (FDA). The endodontic dry heat sterilizer should not be used in the practice of electrology.

(4) Some high-level disinfectants, including glutaraldehyde-based germicides, are not recommended as an applicable method of sterilization of instruments and items, based on their toxicity level, instability, and impracticality. Sterilization with liquid chemical germicides is not capable of being biologically monitored. If a medical device is heat-stable, the proper method of reprocessing is by using a heat-based method such as a steam autoclave or dry heat oven.

(5) Carbon rollers are porous and cannot be sterilized or disinfected, therefore, they should not be used.

(6) Cleaning is the basic first step for all decontamination. Cleaning physically removes debris and reduces the number of microorganisms present. Cleaning is the removal of organic material or soil from objects and is usually done by using protein-dissolving enzyme detergent and water. Generally, cleaning is designed to remove rather than kill microorganisms. Technology has provided cleaning products and devices that are especially appropriate for the cleaning of instruments used in electrology. A meticulous physical cleaning is always done before sterilization or disinfection. For sterilization or disinfection, refer to the manufacturers' instructions for exposure times and conditions as well as recommendations for rinsing and subsequent handling of processed items.

(7) Low-level and intermediate-level disinfectants used in the practice of electrology should be registered with the Environmental Protection Agency (EPA), whereas high-level disinfectants/liquid chemical sterilants are cleared by the FDA for use in sterilizing or disinfecting medical and dental instruments. Disinfectants are to be used according to the manufacturer's instructions.

(8) An intermediate-level disinfectant is capable of killing M. tuberculosis var. bovis, but not bacterial spores. It will also inactivate organisms such as most vegetative bacteria and fungi as well as viruses such as hepatitis B virus (HBV) and HIV. Examples of intermediate-level disinfectants include alcohols (70 to 90% ethanol or isopropanol), chlorine compounds, and certain phenolic or iodophor preparations.

(9) A high-level disinfectant inactivates some, but not necessarily all, bacterial spores. It will kill M. tuberculosis var. bovis, bacteria, fungi, and viruses. High-level disinfection is the minimum treatment recommended by the CDC guidelines for reprocessing of semi-critical instruments or devices. Examples of high-level disinfectants include glutaraldehyde-, chlorine dioxide-, hydrogen-peroxide, orthophthaldehyde-, and peracetic acid-based formulations.

(10) Chlorine solutions in concentrations of 0.05 to 0.5% free chlorine are generally considered intermediate-level disinfectants for specific site disinfection. Solutions of 0.5% (household bleach contains approximately 5% sodium hypochlorite) have broad-spectrum germicidal activity, and exhibit sporicidal activity, are tuberculocidal, inactivate vegetative bacteria, and are fungicidal and virucidal. Klein and Deforest (1965) reported that all 25 viruses were inactivated in 10 minutes by as little as 0.02% available chlorine. Bleach solutions used to process tips for epilator needle holder are freshly made by mixing one tablespoon household bleach to one quart tap water. Discard bleach solution after each use.

(11) Critical items.

(A) Instruments

(i) Needles

(I) Single-use, pre-sterilized, disposable

(II) Pre-sterilized, re-useable

(ii) Forceps

(B) Processing

(i) Single-use and re-useable needles

(I) Stored in a manner that will maintain sterile condition, away from wetness or humidity extremes.

(II) Not to be recapped, bent, or manipulated by hand prior to disposal to avoid accidental puncture injury.

(III) Place in a sharps container immediately after use, or when opened and found damaged, or when not used before expiration date.

(IV) When the sharps container is full, it is to be sealed securely and disposed of properly as specified by state and local health regulations as an item of regulated medical waste. According to the Oklahoma Dept. of Labor's OSHA division, sharps containers can be disposed of in the regular trash only after being filled with cement. They recommend a more practical solution of taking them to a local hospital or clinic that will include it with their regular biohazard waste materials to be picked up by a biohazard waste company. They may charge a small fee for this service.

(ii) Forceps and re-useable needles

(I) Forceps are cleaned and then sterilized before their initial use.

(II) Used critical items are placed in an ultrasonic unit, empty covered container or a holding container, which holds either a liquid detergent solution or protein-dissolving enzyme detergent, following manufacturer's instructions for dilution.

(III) The holding container is held under warm running water to rinse off detergent and debris, then drained.

(IV) Forceps and re-useable needles are then placed in the basket of an ultrasonic unit using transfer forceps. If a protein-dissolving enzyme detergent was not used in the holding container, it must be used now in the ultrasonic unit for proper cleaning, following manufacturer's instructions for dilution and immersion time.

(V) Basket is removed from ultrasonic unit, rinsed under running water and drained. Forceps are dried with disposable paper towels. Needles are drained and air-dried on disposable paper towels.

(VI) Forceps and needles are packaged individually or in small multiples for the sterilization process. If sterilized in multiples, any instruments not used whose package has been opened must be resterilized.

(VII) Place packaged instruments in an autoclave or dry heat sterilizer using a chemical indicator on each package or one with each individual load. This only indicates items have been exposed to a sterilization process, it does not guarantee sterility. Biological indicators are used no less than once a month (per sterilizer) according to manufacturer's instructions to ensure proper mechanical function. Lab reports are filed in a permanent Sterility Assurance file to be kept in your office records.

(VIII) Autoclaves and dry heat sterilizers are loaded, operated and maintained according to manufacturer's instructions. Sterilizers must have visible physical indicators (thermometers, timers).

(IX) Cleaned, dried and packaged instruments are sterilized by either dry heat at 340 degrees F (170 C) for 1 hour; 320 degrees F (160 C) for 2 hours or by following directions by the manufacturer of the unit or by autoclave (steam under pressure) for 15-20 minutes at 250 degrees F (121 C); 15 psi (pounds per square inch). The above temperature and exposure times for dry heat

sterilizers and autoclaves relate only to the time of exposure after attainment of the specific temperature and do not include a penetration or heat-up lag time. Exposure time does not include drying and cool-down time. Follow the manufacturer's instructions for the unit you have if times and temperatures differ from those given above.

(12) Semi-critical items.

(A) Instruments

(i) Tips for epilator needle holders

(ii) Anaphoresis/cataphoresis rollers

(B) Processing

(i) Tips for epilator needle holders

(I) Must be processed before initial use and after use between each patient/ client. Tips that are contaminated (e.g. dropping or touching unsterile surface) must be reprocessed before use.

(II) Follow same processing directions described earlier for re-useable critical items concerning holding container and ultrasonic cleaning.

(III) Package tips individually or in small multiples for sterilization in an auto-clave or disinfect by submersing in a fresh solution of an intermediate- level disinfectant for 10 minutes or follow manufacturer's directions. Dry the tips with disposable paper towels.

(IV) Store tips in a clean, dry, covered container to prevent contamination.

(ii) Anaphoresis/cataphoresis rollers.

(I) Must be processed before initial use and after use between each patient/ client.

(II) Rollers are cleaned, dried and disinfected in the same manner as tips.

(13) Non-critical Items.

(A) Instruments/Items

(i) Indifferent electrodes

(ii) Needle cords

(B) Processing

(i) These items are cleaned, dried and subjected to a low-level disinfection after each treatment.

(ii) Low-level disinfectants are capable of inactivating most bacteria, some Viruses and fungi, but not bacterial spores or M. tuberculosis var. bovis. Examples are quaternary ammonium compounds and certain iodophors or phenolics.

(i) **Standards for environmental control and housekeeping.**

(1) A variety of microorganisms are normal contaminants of environmental surfaces, most of which are non-pathogens. Conscientious sanitation and disinfection techniques control cross-infection.

(2) Hospital-grade disinfectants registered with the Environmental Protection Agency (EPA) should be used for environmental surface cleaning. Product labels give the EPA registration number and should give adequate safety and precautionary information.

Manufacturer's instructions on the use of the product should be followed. Information on specific manufacturer label claims and the classification of disinfectants can be obtained by writing the Anti Microbial Division, EPA 751 OC, Office of Pesticides Programs, 401 M Street SW, Washington, DC 20460. http://www.epa.gov/.

(3) Adequate levels of safety for surfaces of medical equipment (non-critical surfaces) may be achieved by simple washing or scrubbing with detergent and warm water or, depending on the equipment surface and the nature and degree of contamination, cleaning followed by an application of an intermediate- to low-level chemical germicide. Follow manufacturer's instructions for application and exposure times of disinfectant products.

(4) Cleaning schedules and methods vary according to the type of surface to be cleaned and the amount and type of soil present. Items on countertops should be maintained in a sanitary manner. Sinks and toilet facilities should be clean at all times. Environmental surfaces in the treatment room should be cleaned on a regular basis. Equipment surfaces, doorknobs, telephones, and treatment tables should be cleaned on a regular basis. Protective barrier film or appropriate disinfectants should be used on surfaces touched during the treatment. Treatment tables should be covered with either cloth or paper drapes and changed after each patient/client. Floors and carpets should be vacuumed and cleaned regularly. Walls, blinds and curtains should be cleaned when visibly soiled.

(j) **Standards for potential exposures to blood-borne pathogens.**

(1) Health care workers who have percutaneous or mucous membrane exposure to blood and other body fluids are at risk for infection, including HBV, HCV AND HIV infection. The Centers for Disease Control and Prevention (CDC) concludes in a continuing study that, while HIV infection is a real risk to health care workers, the risk is low and can be minimized by taking appropriate precautions.

(2) Identified risk factors for HIV and HCV transmission are almost identical to those for HBV transmission. Despite the similarities in modes of transmission, the risk of HBV infection in health care settings far exceeds that for HIV or HCV infection.

(3) The following steps are to be taken when a puncture injury has occurred:

(A) Remove and discard gloves.

(B) Milk the puncture site to expel blood. Clean the wound vigorously with one-half teaspoon of soap and water for 10 to 15 seconds, using friction.

(C) Immediate contact is made to practitioner's personal physician for appropriate consultation, and for necessary post-exposure strategies.

(D) Documentation of the exposure is made including: date, route of exposure, circumstance under which exposure occurred, name of source patient/client, HIV and/or hepatitis status of source patient/client, status of practitioner's testing, follow-up testing and any necessary post-exposure prophylaxis.

[**Source:** Added at 21 Ok Reg 1056, eff 5-14-04; Amended at 31 Ok Reg 1979, eff 9-12-14]

435:40-1-5. Academic requirements for examination and licensure

The purpose of this section is to set out the academic requirements for examination and licensure as a registered electrologist.

(1) The Board shall accept as meeting licensure requirements or course work received from American colleges or universities that held accreditation, at the time the courses were completed, from accepted regional educational accrediting associations as reported by the American Association of Collegiate Registrars and Admissions Officers.
(2) Course work received at foreign colleges and universities shall be acceptable only if such work could be counted as transfer credit from accredited colleges or universities as reported by the American Association of Collegiate Registrars and Admissions Officers.
(3) The relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated by the applicant through course descriptions in official school catalogs or bulletins or by other means acceptable to the Board.
(4) Persons applying for licensure must satisfactorily complete college courses in human anatomy, human physiology, microbiology and chemistry or equivalent courses as determined by the Board as recommended by the Committee. Medical terminology may be required at the discretion of the Board as recommended by the Committee.
(5) The college courses in Human Anatomy, Human Physiology, Microbiology, and General Chemistry shall be comprehensive in content and designed for the allied health or biological-life science major. Satisfactory completion shall be defined as a grade of C or its equivalent, or above (grade of A or B).

[**Source:** Amended at 20 Ok Reg 983, eff 5-21-03; Amended at 27 Ok Reg 2686, eff 8-26-10; Amended at 31 Ok Reg 1988, eff 9-12-14.]

435:40-1-6. Curriculum of study and internship requirements

(a) **Preceptorship.**
(1) Applicants for licensure as registered electrologists shall successfully complete a minimum of six months curriculum of study and internship established by the Board.
(2) The preceptorship shall include successful completion of a minimum of 600 hours of study and clinical practice under the direct supervision of a preceptor. At least 300 hours of the training must be conducted on-site and in-person at the training facility.

(b) **Preceptors.** Except as provided in (c) below:
(1) Preceptors shall be registered electrologists approved by the Board.
(2) The preceptor must be licensed to practice electrolysis in the state of Oklahoma and must have actively practiced in the state for at least four years (at least two years immediately prior to beginning as a preceptor). The Board may reduce or waive this requirement at the recommendation of the Committee.
(3) Preceptors shall make training facilities available for inspection upon request by members of the Board, the Committee or their representative.
(4) Preceptors shall teach on equipment in good working condition, as verified by submission of the equipment manufacturer's recommended maintenance schedule and proof of continued compliance with that schedule. Submittals shall be on forms approved by the Board and reviewed by the Committee for acceptability.
(5) Hygienic practices must conform to the Oklahoma Infection Control Standards for Electrologists.

(c) **Out-of-State Applicants for Licensure.** An applicant for licensure who holds a current license in good standing from another state, and who has received electrolysis study and internship of at least 600 hours may receive credit for the preceptorship requirement by providing sufficient proof of training and apprenticeship or internship program from the licensing state, based on the Committee's recommendation to the Board of the program's equivalency to the requirements for licensure in Oklahoma and the Board's approval of the program. An out-of-state preceptorship, apprenticeship or internship program may be approved by the Board under the following conditions:

(1) The applicant must provide a copy of the Curriculum of Study to the Board and the Curriculum of Study must be the equivalent of that required in Oklahoma, as recommended by the Committee and approved by the Board.

(2) The preceptor must be licensed or registered in electrolysis in the State where the preceptorship was completed by applicant and have been actively practicing in the field for at least four years, with at least two of those years coming immediately prior to becoming the preceptor. Any exceptions to this requirement must be approved by the Board.

(3) All other requirements for licensure must be met by the applicant.

[Amended at 13 Ok Reg 2693, eff 6-27-96; Amended at 14 Ok Reg 2663, eff 6-26-97; Amended at 21 Ok Reg 1056, eff 5-14-04; Amended at 24 Ok Reg 1727, eff 5-4-07 (emergency); Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-7. Application procedures

(a) The purpose of this section is to set out the application procedures for examination and licensure as a registered electrologist.

(1) Unless otherwise indicated, the applicant shall submit all required information of credentials on forms provided by the office of the Board.

(2) The Board will not consider an application as officially submitted until the applicant pays appropriate fees established by the Board. The Board assumes no responsibility for cash remittances which are not forwarded by registered mail. Application fees, processing fees and annual renewal fees are not refundable.

(3) The applicant for licensure shall obtain and complete the application form providing evidence of age and academic requirements to be reviewed by the Committee and approved by the Board.

(4) Approved applicants will fulfill the curriculum of study and internship requirements under the direct supervision of a registered electrologist, except as provided in 40-1-6(c) above.

(5) Upon completion of the curriculum of study and internship requirements, the supervising registered electrologist shall submit to the Board a notarized completion report, except as provided in 40-1-7(b) below.

(6) Upon completion of the curriculum and internship requirements, the applicant shall be eligible for the licensure examination in electrology. The applicant shall complete the remaining portions of the application and submit the application to the Board not later than forty-five (45) days before the date of the examination. Applications for the examination may be submitted prior to completion of the internship with verification from the

supervising registered electrologist that the applicant is expected to satisfactorily complete the remaining training. This does not waive the requirement for a notarized completion report as required in this section.

(7) The Board shall notify an applicant of his/her eligibility for examination at least 10 days prior to the next scheduled examination.

(b) Applicants currently licensed in another state.

(1) An applicant from another state who has met the requirements of the Registered Electrologists Act, may be issued a license by the Board under the following circumstances:

(A) The applicant must furnish an affidavit from the state regulatory agency verifying that the applicant holds a current license and is in good standing with that state;

(B) Any out-of-state preceptorship, apprenticeship or internship program must be approved by the Board. An out-of-state preceptor must provide a notarized affidavit on forms approved by the t he Board, attesting to the preceptor's credentials and the applicant's successful completion of the preceptorship, as described in 40-1-6(c). If the out-of-state preceptor is not available to provide these affidavits, notarized letters of recommendations from at least three (3) persons acceptable to the Board who can sufficiently attest to the proficiency of the applicant, as recommended by the Committee and approved by the Board, must be provided by the applicant. Acceptable reference sources may include, but are not limited to:

(i) Referring physicians
(ii) Other licensed electrologists
(iii) Professional electrology associations
(iv) Electrology instructors
(v) Electrology preceptors

(2) Applicants trained out-of-state must take and successfully complete the Oklahoma licensing examination.

(3) Applicants trained out-of-state may also be required to meet one or more of the following:

(A) Personal appearance.

(B) Additional continuing education units (CEUs).

(C) Practice under the direct supervision of a Registered Electrologist licensed in the state of Oklahoma, with the exact number of hours to be established by the Committee. The supervising Registered electrologist will provide reports to the Committee on the applicant's progress.

[Amended at 13 Ok Reg 2693, eff 6-27-96; Amended at 24 Ok Reg 1727, eff 5-4-07 (emergency); Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-8. Examination for electrology license

(a) **Purpose.** This section on licensure examination sets out the Board's rules governing the administration, content, grading, and other procedures for examination for licensure as a registered electrologist.

(b) **Frequency.** The Board shall set the dates the examination is to be administered. The licensure examination shall be administered at least every 6 months.

(c) **Content.**

(1) To qualify for a license, an applicant shall pass an examination in the English language which shall cover the following areas:

(A) Human Anatomy
(B) Human Physiology
(C) Microbiology
(D) General Chemistry
(E) Dermatology
(F) Hygiene
(G) Sterilization
(H) Electricity
(I) Electrolysis (theory and practice).

(2) The examination for licensure shall be prepared by the Committee and approved by the Board, or shall be any other form of examination prescribed by the Board.

(d) **Grading.**

(1) If in the judgment of the majority of the Board, the examinee obtains an average of seventy-five percent (75%) on the total examination and not less than sixty-five percent (65%) in each subject on the examination, he or she shall be entitled to receive from the Board a license to practice electrolysis for the remainder of that calendar year.

(2) Licensure examinations administered by the Board shall be graded by the Committee or by a designee of the Board.

(e) **Results.**

(1) The Board shall notify each examinee of the results of the examination within seven (7) days of the grade meeting held by the Committee to determine the pass/fail status of candidates.

(2) No matter what numerical or other scoring system the Board may use in arriving at examination results, the official notice of results to applicants shall be stated in terms of "pass" or "fail" in addition to numerical scores being provided.

(f) **Failures.** If an applicant fails to pass the examination a maximum of three (3) times, the individual shall not be permitted to re-apply for licensure. An examination fee must accompany each examination as set by the Board.

[**Source:** Amended at 20 Ok Reg 983, eff 5-21-03; Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-9. License renewal and replacement

(a) **Purpose.** The purpose of this section is to set out the rules governing electrologist license renewal and replacement.

(b) **Date required to renew.**

(1) A licensee must renew the license annually.

(2) The application and fee for the renewal of the license shall be postmarked or hand delivered to the Board office not later than December 31st.

(3) Each licensee is responsible for renewing the license on or before the required date and shall not be excused from paying additional fees or penalties.

(c) **Renewal procedure.**

(1) At least thirty (30) days prior to December 31st, the Board will send an application for renewal of the license, and the amount of the renewal fee due. The licensee must complete the application and return it to the Board office with the required fee. The timely return of the completed renewal form shall be considered confirmation of the receipt of renewal notification.

(2) The license renewal form for all licensees shall require in addition to other information, the preferred mailing address and primary practice address.

(3) The Board shall not consider a license to be renewed until it receives both the completed license renewal form and the required fees set by the Board.

(4) The Board shall issue to a licensee who has met all requirements for renewal a renewal of license identification card.

(d) **Late renewal.**

(1) The chairman shall notify a person who has not renewed a license after a period of more than thirty (30) days that their license is inactive.

(2) A person whose license is inactive for not more than thirty (30) days may renew the license by paying to the Board the required renewal fee and a penalty fee that is one-half of the renewal fee in the form of a certified check or money order.

(3) A person whose license has been inactive for more than thirty (30) days but less than one (1) year of the last day for renewal of the license may renew the license by paying to the Board the unpaid licensure renewal fees, plus a late penalty that is equal to the renewal fee, in the form of a certified check or money order.

(4) A person whose license has been lapsed more than twelve months wishing to re-enter the practice of Electrology will be required to file an application on forms provided by the Board of Medical Licensure and Supervision and pay fees as set by the Board of Medical Licensure and Supervision. Electrologists may be required to meet one or more of the following:

(A) Personal appearance.

(B) One (1) continuing education unit (CEU) for each three (3) years out of practice, not to exceed six (6) CEU's, prorated based on the number of years license expired.

(C) Practice under the direct supervision of a Registered Electrologist licensed in the state of Oklahoma for up to forty (40) hours for each year license lapsed, with the exact number of hours to be established by the Committee. The supervising Registered Electrologist will provide reports to the Committee on the applicant's progress prior to each Advisory Committee meeting.

(D) Retake licensing examination.

(5) Surrender of a license certificate. A person who fails to renew a license after one (1) year is required to surrender the license certificate and license identification card to the Board.

(e) **Replacement of license.** The Board will replace a lost, damaged or destroyed license certificate or license identification card upon application by the licensee and payment of fees established by the Board. Applications must include an affidavit detailing the loss or destruction of the licensee's original license or license identification card, or be accompanied by the damaged

certificate or card.

(f) **Continuing education.**

(1) Requirements. Applicants for renewal of their certificate as a Registered Electrologist must provide evidence to show successful completion of continuing education and compliance with the following requirements:

(A) A continuing education unit (CEU) is the equivalent of ten contact hours.

(B) The Advisory Committee of Registered Electrologists will oversee the program. CEUs will be awarded by the Committee or the Committee chairperson with ratification by the Committee at the next meeting.

(C) CEUs will be approved according to the established guidelines and accepted proposal or at the discretion of the Committee when the aforementioned are inadequate or inapplicable.

(D) CEUs must be obtained over the designated accounting period for licensure.

(E) CEUs acquired beyond the requirement cannot be credited to the next accounting period.

(F) The accounting period shall be three (3) years and 1.5 CEUs will be required during that period. Licensees shall report to the Committee earned CEUs no later than October 31 of the third year of the accounting period prior. The final two months of the accounting period shall be used by the Committee to review the reported CEUs earned by licensees prior to the renewal date to which the reported CEUs apply.

(G) Submittals must be made on standardized submittal cards signed by the sponsor of the program or activity being submitted for credit.

(H) Submittal cards may be obtained through the Oklahoma State Board of Medical Licensure and Supervision or the O.S.E.A.

(I) Submittals must be made to the Committee through the Board.

(J) The Board will account for acquired CEUs and yearly notify each Registered Electrologist of the number acquired and the number lacking.

(K) New licentiates will be required to obtain CEUs on a pro rata basis depending upon when they are licensed during the accounting period. Furthermore, no CEUs will be required during the full calendar year in which one is just licensed.

(2) **Traditional methods of CEUs.**

(A) Workshops

(B) Seminars

(C) Conferences

The above are given by National, Regional or State electrolysis organizations.

(D) Programs attended at OSEA quarterly meetings

(E) Electrolysis related workshop, seminar or conference given by Committee approved school or other Assigned value = 0.1 CEU per hour of program attended.

(F) Journal of Electrology articles and other courses approved by the American Electrology Association.

(3) **Alternative Methods of CEUs.**

(A) Presentation of electrolysis programs

(i) Presentation at National, Regional or State electrolysis organizational workshops,

seminar or conference.

(ii) Other presentation as approved by the Committee Assigned value = .05 to 0.2 CEUs per presentation.

(B) Publications (published or accepted for publication)

(i) Authorship or co-authorship of a book relating to electrolysis. 0.3 CEUs

(ii) Authorship of a chapter in a book or journal article that appears in a professional electrolysis or health journal. 0.2 CEUs

(iii) Authorship of an article, book review or abstract in a National, Regional or State electrolysis or health newsletter or magazine. 0.5 CEUs

(iv) Production of other media such as videotape, slide/ tape presentation, etc. that is available for general viewing as approved by the Committee. Assigned value = 0.05 to 0.3 CEUs per publication or finished product.

(C) Research

(i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval.

(ii) Quality assurance studies completed and published in a journal, newsletter or professional magazine. Assigned value = up to 0.4 CEUs per project.

(D) Formal course work

(i) College and university course work directly relating to improvement and advancement in the allied health field.

(ii) College and university courses that are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly by the Committee (i.e. business, improving human relations, etc.). Assigned value = 0.1 to 0.3 CEUs as approved.

(E) Independent study

(i) Independent reading of articles, books, or journals followed by written or oral review.

(ii) Watching relevant videotapes or programs followed by a written or oral review.

(iii) Listening to electrolysis or other health related seminar tapes followed by a written or oral review.

(iv) Other self-study relevant to the practice of Electrology.

(v) Values will be assigned for each submittal based on relevance to one's practice and the complexity of the material. Assigned value = .05 to 0.1 as approved, not to exceed 0.2 CEUs in one accounting period.

(F) National certification - C.C.E. or C.P.E. Achievement of a National certification by a recognized body such as AEA or SCME will be awarded 0.2 CEUs one time only. Assigned value = 0.2 CEUs one time only.

(G) Cardiopulmonary resuscitation certification or recertification. Assigned value = up to 0.4 CEUs per accounting period.

[**Source:** Amended at 10 Ok Reg 1533, eff 4-26-93; Amended at 11 Ok Reg 1869, eff 5-12-94; Amended at 13 Ok Reg 1711; eff 5-25-96; Amended at 14 Ok Reg, eff 10-1-97 (emergency); Amended at 15 Ok Reg 3948, eff 7-9-98 (emergency); Amended at 16 Ok Reg 1231, eff 5-14-99; Amended at 22 Ok Reg 955, eff 5-12-05 Amended at 24 Ok Reg 2712, eff 7-26-07; Amended at 31 Ok Reg 1979, eff 9-12-14.]

435:40-1-10. Disciplinary hearings

Investigatory hearings may be conducted by the Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.

(1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).

(2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.

(3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.

(4) The hearing shall be conducted in an orderly manner by the Chairman of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.

(5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.

(6) The hearing will be tape recorded and a record preserved at the Board office. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost of the reporter or a transcription of the hearing.

(7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.

(8) Requests for continuances received prior to the hearing date may be granted by the Chairman of the Advisory Committee for good cause shown or held by the chairman for action by the committee.

(9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 5 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory Committee's Recommendations.

(10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.

435:40-1-11. Fees

All fees regarding electrologist licensure, renewal must be approved by the Board.

435:40-1-12. Investigation and inspection

(a) The purpose of this section is to set out the rules governing inspection and investigation of an electrologist licensee.

(b) The Board or its designee shall have the authority to inspect a licensee's office(s) where electrolysis services are performed or to investigate a licensee suspected of violating the Registered Electrologist Act or the rules of this Chapter, according to the rules established by the Board.

435:40-1-13. Amendments

The rules of this Chapter may be amended in accordance with the rules and procedures established by the Board in Chapter 1 of this Title.